

**Department of Human Services
Office of Services Review**

Fiscal Year 2005 Report

**A System Review
of the**

DIVISION OF CHILD AND FAMILY SERVICES

Published September 2005

Executive Summary

*The Office of Services Review, in conjunction with the Federal court appointed monitor, conducts the Qualitative Case Review (QCR) and the Case Process Review (CPR) as required in the "Milestone Plan". The Milestone Plan is an agreement approved in Federal Court which outlines steps the Division of Child and Family Services must take in order to improve the child welfare system. To measure how well the Division is doing, the Milestone Plan calls for an evaluation of both outcomes (QCR) and compliance with DCFS practice guidelines (CPR). **System scores on the QCR and scores on the CPR are at an all-time high.***

Qualitative Case Review (QCR):

- The statewide score for **Overall Child Status was 91%**. Every region exceeded the exit criteria of 85%.
- Of 168 cases, 155 passed on Safety, which represents **92% of all cases passing Safety**.
- **The statewide score for Overall System Performance was 86%**. Two of the regions exceeded the exit criteria of 85% (Eastern and Southwest); Northern region also met the threshold, Salt Lake region scored just below the exit criteria, and Western region scored 77%. If the QCR was exited by state rather than by region, the state would have met the exit criteria for Overall System Performance (though two of the core indicators would still be below expectations).
- On the core indicators, **every region exceeded the 70% exit criteria on four of the six core indicators** (Team Coordination, Planning, Plan Implementation, and Tracking & Adaptation). The remaining two indicators (Long-term View and Child and Family Assessment) are a few percentage points away from the goal.
- **Southwest region passed the Qualitative Case Review for the second consecutive year**, thus exiting CWG oversight on the QCR Milestone.

Case Process Review (CPR):

- A total of 795 cases were reviewed from January to July 2005, 7105 applicable answers were provided. Cases were selected from child protection services (CPS), home-based, and foster care services.
- This year's results **show significant progress and reach an all time high**. Of all applicable questions answered by OSR reviewers, 80% were answered "Yes" – meaning that **evidence for the required action was found 80% of the time** – compared to 74% last year and 71% the year before. The remaining answers consisted of 12% "NOs", 7% "Partials", and less than one percent "ECs" (Extenuating Circumstances).
- Home-based cases and unable to locate cases made the biggest jump and now reach 73% and 77% respectively. There is, however, still room for improvement as the goal is 85%. CPS cases advanced from 73% the past two years to 82% this year. Foster care cases show continuous improvement going from 72% in 2003 to 80% this year. Unaccepted referrals remain high, with 96% "Yes" answers, which meets the exit goal.

Differences between QCR and CPR

Though both the QCR and CPR show that DCFS has made significant progress since last year, there are a few scoring anomalies between the two reviews that the reader should remember as he/she is reviewing our report. For instance one review area in the QCR – child and family participation in the planning process – was scored quite high whereas one question on the CPR – parent and child participation in the service plan – was scored low. Reasons for the different scores are:

- a) The QCR focuses on outcome achievement and bases scores on multiple sources, including interviews with family and stakeholders, whereas the CPR focuses strictly on whether an action was documented as being completed in a timely manner or not and relies on documentation in the case record for evidence;
- b) The QCR uses a graded scoring scale of 1 to 6, whereas the CPR scores a question as either “Yes” or “No”.

This example illustrates how key practice principles, such as family involvement, are best measured by the QCR, rather than by assessing only documentation as in the CPR. Proper documentation and compliance with regulations, however, remain an important component of every professional organization. We elaborate further on differences between the QCR and the CPR in the body of this report.

Submitted to:

**Utah State Legislature
Child Welfare Legislative
Oversight Committee and
The Legislative Auditor
General**

A System Review of the
Division of Child and
Family Services

Submitted by:

**State of Utah
Department of Human Services**
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I. Introduction

This report provides information on the Case Process and Qualitative Case Reviews of the Division of Child and Family Services (DCFS). These reviews determine whether positive outcomes are being achieved for the children and families the Division serves; and how well caseworkers are following practice model principles and Division practice guidelines.

DCFS staff provide services to families based on the Practice Model philosophy. The Practice Model is a principle based philosophical guideline for supervisors and caseworkers that follows best practice guidelines and procedural requirements. The Practice Model has been at the core of the practice changes that are achieving the goals of the performance milestone plan.

DCFS and the Child Welfare Policy and Practice Group (CWG) developed The Performance Milestone Plan (The Plan). The Plan identifies specific milestones to achieve, outlines the steps necessary to follow in order to reach those milestones, and describes methods for measuring DCFS performance.

The Plan was prepared in accordance with the order of United States District Court Judge Tena Campbell dated September 17, 1998 in the matter of "David C. v. Leavitt". The Plan was submitted to the court on May 4, 1999. DCFS has adopted The Plan as its business plan.

The Plan calls for a performance measurement system, which DCFS, CWG and the Office of Services Review (OSR) have developed, to test how well the Division is following Practice Model principles. The system uses two reviews: a) The Case Process Review (CPR), which tests how well

caseworkers comply with very specific practice guideline requirements; b) The Qualitative Case Review (QCR), which determines the extent to which positive outcomes are being achieved for the child and family and how well the child welfare system is following key social work practices.

The CPR is "compliance" oriented whereas the QCR is "outcome and principle" oriented. For instance, the CPR asks whether a required action such as a monthly visit to the home was completed or not. Only documentary evidence from the case record is accepted. By contrast, the QCR asks whether the child is safe (outcome) and whether the team is working well together and assessing the child and family's underlying needs (practice model principle).

The CPR is primarily a record review. A random selection of cases is made and the reviewers go to the field office and read the case file or search the DCFS computer data system to determine how well compliance with practice guidelines was achieved in these cases. The QCR, on the other hand, gathers evidence from multiple sources within and outside the case record. A representative sample of 24 cases per region (72 for the Salt Lake region) is selected. Each case is reviewed by a pair of reviewers who interview key stakeholders on the case such as the family, service providers, teachers, etc.

In this report, the first chapter explains in greater detail the purpose of the QCR. It explains the findings, the methodology, and provides some possible explanations for QCR scores. The second chapter follows the same format for the CPR.

II. Qualitative Case Review

A. Purpose of the Qualitative Case Review

The Qualitative Case Review is a method of evaluation used by the Office of Services Review (OSR) in conjunction with the Child Welfare Group (CWG) to assess the current status of children and families served by the Division of Child and Family Services (DCFS), as well as the performance of the Child Welfare system. The Qualitative Case Review is a part of the Milestone Plan developed by DCFS and CWG to improve services to clients. The sixth consecutive round of Qualitative Case Reviews was completed this year.

B. Methodology

Qualitative Case Reviews were conducted in all regions. Reviews were held beginning in September 2004 and were concluded in April 2005. In most regions twenty-four cases were selected for each review. For the Salt Lake Valley Region 72 cases were reviewed in two separate reviews consisting of 36 cases each. Cases were drawn from offices across each region.

There were three cases that were not scored on System Performance due to the unique circumstances of the cases. Two of these cases were in the Western region review. In one case key parties could not be interviewed, so there was insufficient information available to score the case. In the other case the child was absent without leave (AWOL) at the time of the review. In the second Salt Lake review one case was

not scored on System Performance because the child was AWOL at the time of the review. All three of these cases failed Safety; therefore they failed on Child Status. For these reasons, scores are provided for Child Status on 168 cases and for System Performance on 165 cases.

Cases to be reviewed were selected by CWG based on a sampling matrix assuring that a representative group of children was selected. The sample included children in out-of-home care and families receiving home-based services such as voluntary counseling services, protective supervision services, and intensive family preservation.

The information used for evaluation was obtained through in-depth interviews with the child (if old enough to participate), parents or other guardians, foster-parents (when the target child was placed in foster care), caseworker, teacher, therapist, service providers and others having a significant role in the child's life. The child's file, including prior CPS investigations and other available records, was also reviewed.

Some of the reviewers were chosen from within DCFS such as experienced and qualified child welfare workers, supervisors, trainers, etc. They were paired up with certified reviewers from CWG, OSR or community partners. An important element of a QCR review is the participation of professionals from outside of DCFS who work in related fields such as mental health, juvenile courts, education, corrections, etc.

After the reviews were completed, the case was scored and reviewers submitted a case

story narrative. The Qualitative Case Review instrument used by the reviewers, referred to as the QCR Protocol, is divided into two main parts or domains. The first domain aims at getting an appraisal of **the child and family's current status**. The indicators are:

- Safety
- Stability
- Appropriateness of Placement
- Prospects for Permanence
- Health/Physical Well-being
- Emotional/Behavioral Well-being
- Learning Progress/Development
- Caregiver Functioning
- Family Functioning and Resourcefulness
- Satisfaction

The purpose of the second domain of the protocol is to **evaluate Child Welfare system performance**. It follows the principles of the DCFS Practice Model. The indicators in this domain are:

- Child and Family Participation
- Child and Family Team and Coordination
- Child and Family Assessment
- Long-term View
- Child and Family Planning Process
- Plan Implementation
- Formal and Informal Supports/Services
- Successful Transitions
- Effective Results
- Tracking and Adaptation
- Caregiver Support

Each indicator was scored on a scale of 1 to 6, with 1 representing a completely unacceptable outcome and 6 representing an optimal outcome. A weighted method was











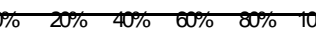
used to calculate an overall Child Status score and an overall System Performance score. A narrative written by the review team gave background information on the child and family's circumstances, evaluated the child's current status and described the strengths and weaknesses of the system. The experienced child welfare professionals used as reviewers made specific suggestions for improvements when needed.

Data Reliability

Several controls were in place to assure data accuracy. First, the court appointed monitor, Paul Vincent from CWG, and his staff were involved on all levels of the review process. They participated in reviewing half of the cases themselves, attended all case debriefings, and checked the scoring calculations. Second, all cases were reviewed by two individuals, which minimized personal biases. When DCFS reviewers were involved, which is a good way of exposing staff to the Practice Model, they were paired up with a non-DCFS reviewer and they reviewed in a region other than their own. Third, OSR reviews each case story for completeness and consistency. A case story narrative for each case is submitted to the caseworker and region administration staff to review for factual accuracy. In addition, the caseworker, supervisor and/or region administration staff had the opportunity to give factual clarifications to the reviewers during the review process in the entrance and exit interviews as well as during the debriefing of the case. The regions also had the option of appealing scores on individual cases if the appeal was based on facts that were present at the time of the review.

C. Review Results

Improvement In Child and Family Status

State Child Status										
		# of cases			FY00	FY01	FY02	FY03	FY04	FY05
	# of cases	Needing		Baseline						Current
	Acceptable	Improvement	Exit Criteria 85% on overall score	Scores						Scores
Safety	155	13		92%	80%	88%	95%	97%	97%	92%
Stability	121	44		73%	69%	76%	73%	74%	80%	73%
Appropriateness of Placement	159	6		96%	88%	93%	93%	96%	98%	96%
Prospect for Permanence	109	56		66%	60%	69%	63%	60%	73%	66%
Health/Physical Well-being	160	5		97%	96%	98%	98%	98%	99%	97%
Emotional/Behavioral Well-being	142	23		86%	72%	76%	79%	81%	87%	86%
Learning Progress	144	21		87%	81%	89%	84%	79%	87%	87%
Caregiver Functioning	104	2		98%	95%	95%	95%	97%	99%	98%
Family Resourcefulness	70	24		74%	51%	59%	66%	53%	73%	74%
Satisfaction	147	18		89%	85%	88%	89%	86%	90%	89%
Overall Score	153	15		91%	78%	85%	92%	93%	94%	91%
			0% 20% 40% 60% 80% 100%							

The Performance Milestone Plan calls for 85% of all cases reviewed to attain an “acceptable” overall score on Child and Family Status. The scores on individual status indicators are important in identifying strengths and needs in particular areas. The overall score has been shaded in the chart above showing how DCFS performed on the fiscal year 2005 review.

The score on the Overall **Child Status** for DCFS statewide is **91% acceptable cases** (the requirement is 85%). This represents the fourth year in a row that the overall score has been over 90%. The table at the end of this section displays the Overall Child Status results by region. **For the fourth year in a row, all regions met the exit criteria on Child Status.** Every region had an overall Child Status score of at least 88% and in Southwest Region the score reached 100%.

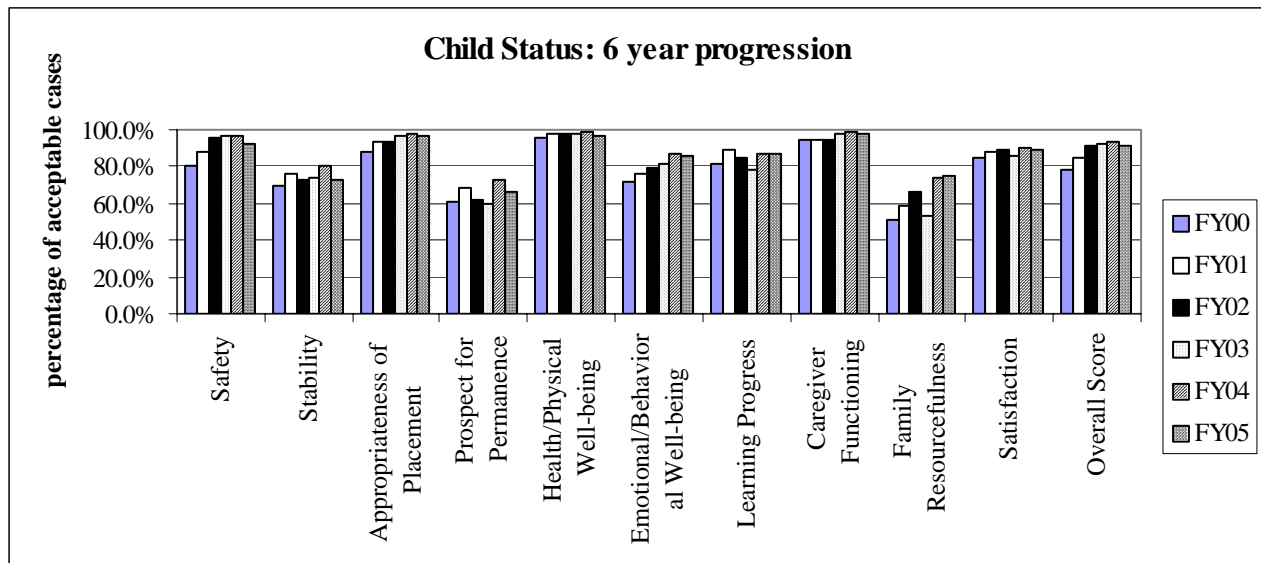
Most Child Status indicators scored very well. The indicators that scored over 85% included: Safety (92%), Appropriateness of Placement (96%), Health/Physical Well-being

(97%), Emotional/Behavioral Well-being (86%), Learning Progress (87%), Caregiver Functioning (98%), and Client Satisfaction (89%). Family Resourcefulness experienced a 20 point increase in FY 2004. This year that remarkable increase was sustained, and at 75% even slightly exceeded last year's score. There were unexpected declines in Stability and Prospects for Permanence, two indicators that are closely related. Stability decreased from 80% to 73% and Prospects for Permanence dropped from 73% to 66%.

Safety: Safety is referred to as the “trump” for child and family status. Since safety is central to the overall well-being of the child, the case will not pass the Child Status domain if it fails on this indicator. To receive an acceptable rating, the child must be safe from manageable risks of harm in his/her living and learning environments. Others in the child's daily environments must be safe from high-risk behaviors or activities by the child also. Of the 168 cases scored, 155 passed on Safety, which represents 92% of all cases passing Safety. This score is very commendable.

The following graph displays the Child Status results for the last six years. It is clear that

scores on overall Child Status have consistently been high.



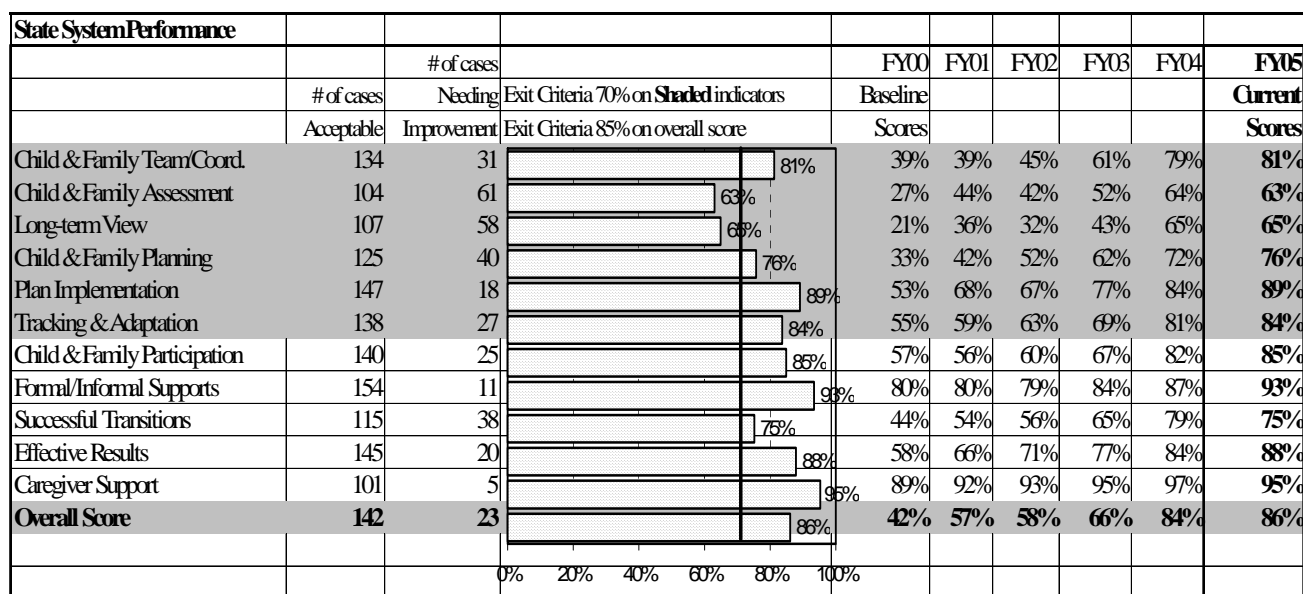
Overall Child Status scores by region: The table below shows the Overall Child Status results by region. For the fourth year in a row, all regions exceeded the 85% exit criteria.

Child Status	FY00	FY01	FY02	FY03	FY04	FY05
	Baseline					Current
						Scores
Eastern Region	78%	83%	96%	96%	100%	92%
Northern Region	89%	75%	96%	100%	100%	96%
Salt Lake Region	87%	90%	88%	89%	90%	88%
Southwest Region	89%	83%	88%	96%	96%	100%
Western Region	50%	83%	100%	92%	92%	88%
Overall Score	78%	85%	92%	93%	94%	91%

Improvement in System Performance

The Performance Milestone Plan calls for 85% of all cases reviewed to attain an “acceptable” overall score on System Performance. The plan also calls for the core System Performance indicators (Child and Family Team/Coordination, Child and Family Assessment, Long-term View, Child

and Family Planning Process, Plan Implementation, and Tracking and Adaptation) to score 70% or more. The shading in the following chart highlights the core indicators.



The overall score for **System Performance statewide is 86%**. This is a two point increase over last year, indicating that the state as a whole has been at or very near the exit criteria for two years in a row. If the OCR was exited by state rather than by region, the state would have met the exit criteria this year for overall System Performance.ⁱ

All of the System Performance indicators improved from FY 2003 to FY 2004, and seven of the 11 system indicators increased

again this year. Four of the six core indicators exceeded the exit criteria again this year: Child and Family Team/Coordination (81%), Child and Family Planning Process (76%), Plan Implementation (89%), and Tracking and Adaptation (84%). The other two indicators are within a few percentage points of meeting the exit criteria: Child and Family Assessment (63%) and Long-term View (65%).

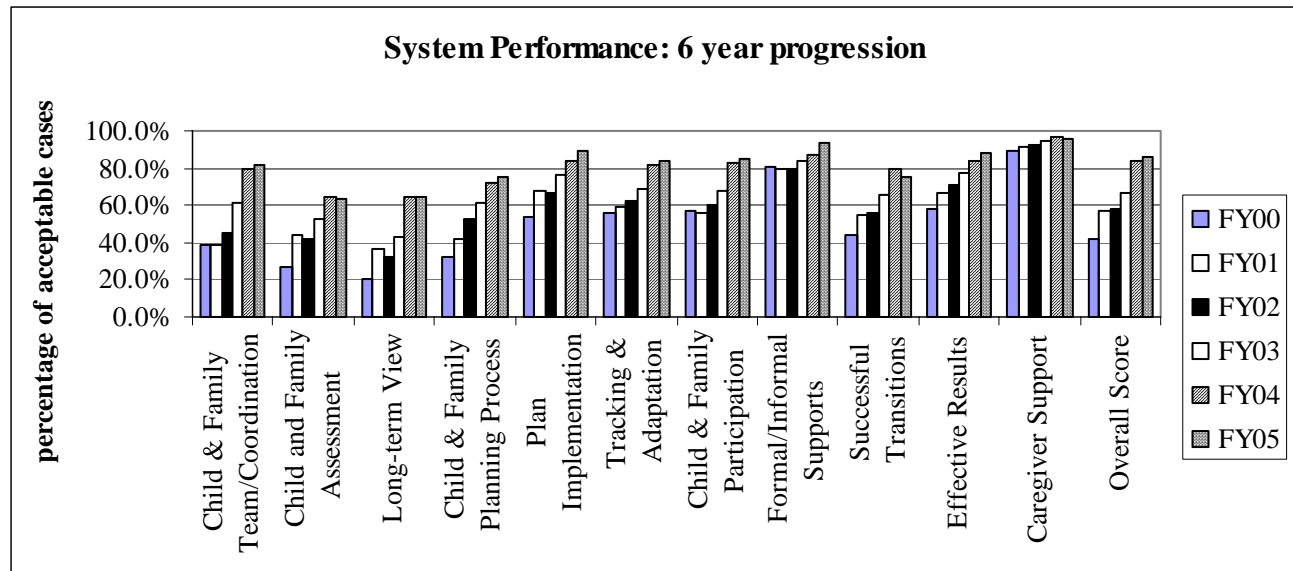
The Division made remarkable progress last year (FY 2004) and achieved double-digit increases in five of the core indicators this year: Long-term View (up 21 points), Child and Family Team/Coordination (up 19 points), Tracking and Adaptation (up 13

ⁱ This refers to the Overall System Performance score only, not the requirement of reaching 70% on the core indicators; four out of six core indicators met the exit criteria.

points), Child and Family Assessment (up 12 points), and Child and Family Planning Process (up 10 points). The other core indicator (Plan Implementation) had already exceeded the exit criteria during the previous year. This remarkable progress was sustained and even improved upon this year, with four of these five indicators improving

or remaining the same this year. The only exception was Child and Family Assessment, which dropped by one point.

The following graph displays the System Performance results for the last six years, illustrating the consistent improvement in each of the indicators.



Overall System Performance scores by region: The following table shows the Overall System Performance scores by region. Southwest Region achieved the highest possible overall score at 100%, which exceeds the 85% exit criteria. Eastern and Northern region also met the exit criteria for Overall System Performanceⁱⁱ. Salt Lake region is within a couple of percentage points of achieving the exit criteria. At 77%, Western region is within eight percentage points of the exit criteria.

System Performance	FY00	FY01	FY02	FY03	FY04	FY05
	Baseline					Current Scores
Eastern Region	33%	75%	67%	71%	83%	92%
Northern Region	22%	50%	58%	58%	79%	83%
Salt Lake Region	48%	53%	49%	59%	86%	83%
Southwest Region	53%	71%	79%	88%	92%	100%
Western Region	32%	43%	54%	71%	79%	77%
Overall Score	42%	57%	58%	66%	84%	86%

ⁱⁱ Northern Region's 83.3% pass is based on the determination by the court monitor that this is the closest overall score possible to 85% with 24 cases. In contrast, Salt Lake's score was based on 71 cases. Therefore, the threshold for that region was 84.5% or 60 of 71 cases acceptable.

Core Indicators

The following table highlights the progress the regions have made in the core indicators. The results of the core indicators this year are compared side by side to each region's results of the same indicator last year. Bolded numbers indicate that the score represents at least a 10% increase over last year's score and/or the score exceeds the exit criteria. Every region either had a significant increase or exceeded the exit criteria in Teaming and Coordination, Plan Implementation, and Tracking and Adaptation. Four of the five regions had a significant increase or exceeded the exit criteria in Long-term View and Planning

Process. Three of the five regions had a significant increase or exceeded the exit criteria in Child and Family Assessment. As the chart indicates, of the 30 total core indicator scores (five regions x six core indicators), 26 showed significant improvement and/or exceeded the exit criteria.

The Salt Lake region is addressing those scores that dropped through increased training. The region reports it has increased participation in various training programs, particularly those for new workers and those related to assessment and long-term view.

Regions	Teaming and Coordination		Child and Family Assessment		Long-Term View		Planning Process		Plan Implementation		Tracking and Adaptation	
Year	2004	2005	2004	2005	2004	2005	2004	2005	2004	2005	2004	2005
Eastern	75%	79%	38%	63%	50%	63%	71%	71%	79%	92%	71%	88%
Northern	67%	75%	54%	67%	58%	71%	63%	79%	71%	83%	71%	88%
Salt Lake	78%	80%	71%	52%	70%	55%	75%	72%	87%	86%	83%	76%
Southwest	96%	100%	83%	88%	88%	92%	83%	96%	96%	100%	96%	100%
Western	83%	73%	63%	68%	50%	68%	63%	68%	79%	91%	83%	77%

Results by Case Type

Sixty-six of the cases reviewed this year (39%) were home-based cases. This is a decrease from last year (43%), but similar to the year before last (34%). Foster care cases and home-based cases scored very similarly on both Child Status and System Performance.

The average overall scores were also very similar. The average score on System Performance for home-based cases was 4.5 while the average for foster care cases was 4.6. The average scores on Child Status were identical on both case types at 4.8.

Case Type	# in sample	# Acceptable	% Acceptable	Average score
System Performance				
Foster Care	100	85	85%	4.6
Home-based	65	57	88%	4.5
Child Status				
Foster Care	102	96	94%	4.8
Home-based	66	58	88%	4.8

Results by Permanency Goal

The following table displays the results by Permanency Goal. Outcomes on Child Status exceeded the exit criteria on all goals except Independent Living (taking all Guardianship cases as one goal); however, it is important to note that there were only two Independent Living cases so the score is a result of failing just one case. The score on System Performance exceeded the exit

criteria on all goals except Guardianship (both relative and non-relative) and Remain Home. The System Performance on all Guardianship cases combined was just 50%. This merits further exploration since Guardianship cases were the strongest cases last year reaching 100%. The score of 83% on Remain Home cases was very near the exit criteria of 85%.

CHILD STATUS				
GOAL	# in Sample	# Acceptable	% Acceptable	avg. score
Adoption	29	29	100%	5.0
Guardianship - relative	5	5	100%	4.4
Guardianship - non relative	5	4	80%	4.6
Independent Living	2	1	50%	4.0
Ind. Permanence	38	35	92%	4.7
Remain Home	46	40	87%	4.6
Reunification	43	40	93%	4.8
Total	168	154	92%	4.8
SYSTEM PERFORMANCE				
GOAL	# in Sample	# Acceptable	% Acceptable	avg. score
Adoption	29	28	97%	4.7
Guardianship - relative	5	2	40%	3.8
Guardianship - non relative	5	3	60%	4.0
Independent Living	1	1	100%	5.0
Ind. Permanence	37	32	87%	4.5
Remain Home	46	38	83%	4.3
Reunification	42	38	91%	4.5
Total	165	142	86%	4.5

Results by Age of Target Child

As shown in the table below, the comparison of the scores for teenagers and younger children shows somewhat more favorable results on both Child Status and System Performance in cases with younger children, although the difference in the scores was minor on both domains. On Child Status

young children outperformed teenagers 94% to 89%, and on System Performance young children outperformed teenagers 88% to 84%. The 168 cases reviewed were fairly evenly divided between teenagers and young children (48% versus 52% respectively).

Age of Child	# of cases in sample	# Acceptable	% Acceptable
System Performance			
Cases with target child 0-12 years old	86	76	88%
Cases with target child 13+ years old	79	66	84%
Child Status			
Cases with target child 0-12 years old	87	82	94%
Cases with target child 13+ years old	81	72	89%

Results by Ethnicity

Ethnicity does not appear to be a factor in outcomes. Sixty of the children reviewed (36%) were Non-Caucasian. This is a slight increase over last year when 31% of the children were Non-Caucasian. Caucasian and Non-Caucasian children scored similarly on System Performance, scoring 88% and 83%

respectively.

There was a little more difference on Child Status where Non-Caucasian children scored 97% and Caucasian children scored 89%. This is the reverse of last year's results, so ethnicity does not appear to be a factor in outcomes.

Ethnicity of Child	# of cases in sample	# Acceptable	% Acceptable
System Performance			
Caucasian	105	92	88%
Non-Caucasian	60	50	83%
Child Status			
Caucasian	108	96	89%
Non-Caucasian	60	58	97%

Results by Caseworker Demographics

Caseload

The average caseload of the workers reviewed was 14 cases, with eleven workers reporting a caseload of 20 or more. This is an increase from last year when the average was 13 cases and only five workers had 20 or more cases. The small number of workers who have very large caseloads may explain why there is so little difference in System Performance between workers with manageable (16 or fewer) and high (17 or more) caseloads.

Last year (FY 2004) 79% of the workers reviewed indicated that they had a caseload of 16 cases or less. This year that number remained nearly the same at 78%. The workers with manageable caseloads scored 87% on System Performance while 84% of the workers with a high caseload scored acceptable. High caseload had a negligible impact on System Performance.

Caseload Size: # of open cases	# of caseworkers reviewed	Scored acceptable on System Performance
16 open cases or less	128	111 (87%)
17 open cases or more	37	31 (84%)

Employment Length

There was a decrease in the number of new workers (12 months or less experience) in the review sample this year. Last year 21% of the workers were new, while this year 17% of the workers were new. In a reversal of last year's findings, cases of experienced

workers scored better than cases of new workers. Cases of new workers had acceptable System Performance scores on 82% of their cases compared to 87% for the cases of experienced workers.

Employment length: # of months employed	# of caseworkers reviewed	Scored acceptable on System Performance
12 months or less	28	23 (82%)
13 months or more	137	119 (87%)

D. Improvement on Core Indicators

All regions clearly showed progress in their command of the Practice Model skills. This included conducting well-prepared and effective child and family team meetings that included most team members, involving family members in the planning and decision-making process, and preparing case plans that were individualized to the family's needs. The improvement in practice was reflected in a number of very positive comments from clients and partners such as parents reporting that caseworkers were involving them in decisions and professionals saying they appreciated how useful the team meetings were in improving coordination of services. The greater command of Practice Model skills translated into increases in four of the core indicators. The remaining two indicators (Child and Family Assessment and Long-term View) scored nearly identically to last year, falling just short of the exit criteria. The four core indicators that showed increases (Child and Family Team / Coordination, Child and Family Planning, Plan

Implementation, and Tracking and Adaptation) all exceeded the exit criteria for the second year in a row.

Child and Family Team / Coordination:

There was improvement in the area of Child and Family Team/Coordination. Four of the regions improved their scores from last year and every region exceeded the 70% exit criteria. Three of the five regions had remarkable increases in their teaming scores last year (Salt Lake-24 points, Northern-25 points, and Western-29 points). Salt Lake and Northern improved their teaming scores again this year, along with Eastern and Southwest Region. These improvements led to an increase in the overall score on this indicator from 79% to 81%. This core indicator met the exit criteria in every region.

C & F Teaming/Coord.	FY00	FY01	FY02	FY03	FY04	FY05
	Baseline					Current
						Scores
Eastern Region	22%	50%	67%	75%	75%	79%
Northern Region	44%	29%	42%	42%	67%	75%
Salt Lake Region	37%	29%	35%	54%	78%	80%
Southwest Region	53%	71%	67%	92%	96%	100%
Western Region	36%	30%	38%	54%	83%	73%
Overall Score	39%	39%	45%	61%	79%	81%*

**) This is an average of all cases, not a simple average for each region.*

Child and Family Assessment:

The results this year on Child and Family Assessment were predominantly positive with four regions improving their scores and one region regressing. Western, Southwest, and Northern regions have shown steady progress in this indicator over the past three years. Eastern experienced a precipitous drop in this indicator last year, but regained all of their loss and then some this year. Salt Lake experienced a 19 point drop in their score. Statewide this indicator remained at approximately the same level as last year. Southwest was the only region to exceed the exit criteria on this indicator; Western, Northern, and Eastern regions all fell just a few points short of the exit criteria.

As with last year, nearly every case file reviewed contained a written Child and Family Assessment document. An analysis of the comments pertaining to Child and Family Assessment drawn from the stories of cases

that did not score acceptable revealed some common themes. The issues that prevent cases from scoring acceptably typically lie in the process of assessment, not in the document that is the end result of that process. In the regions that struggled most with Child and Family Assessment, reviewers pointed out three deficiencies in the assessment process: 1) Workers did not gather information from all team members or important team members were left out of the process 2) Assessments such as drug and alcohol assessments, sexual assessments, psychological evaluations, or medication evaluations were either not obtained or were obtained but not used; and 3) The child and family's strengths and needs, especially underlying needs, were not identified or known by the team.

Child & Family Assessment	FY00	FY01	FY02	FY03	FY04	FY05
	Baseline					Current
						Scores
Eastern Region	11%	67%	54%	58%	38%	63%
Northern Region	11%	42%	54%	42%	54%	67%
Salt Lake Region	27%	37%	33%	54%	71%	52%
Southwest Region	37%	54%	42%	63%	83%	88%
Western Region	27%	30%	46%	42%	63%	68%
Overall Score	27%	44%	42%	52%	64%	63%

Long-Term View

Eastern, Western, and Northern regions all achieved double-digit increases on this indicator (13, 18, and 13 points respectively). Southwest region achieved a more modest increase, largely because their score was already so high there was little room left for improvement. Salt Lake region experienced a drop in this indicator that corresponds to the drop they experienced in Child and Family

Assessment. Two regions exceeded the exit criteria on this indicator and two more regions fell within a few points of it. The overall score for the state on this indicator remained exactly the same as last year at 65%, somewhat below the exit criteria of 70%.

Long-Term View	FY00	FY01	FY02	FY03	FY04	FY05
	Baseline					Current
						Scores
Eastern Region	0%	50%	25%	50%	50%	63%
Northern Region	0%	29%	42%	25%	58%	71%
Salt Lake Region	33%	37%	32%	41%	70%	55%
Southwest Region	26%	38%	38%	54%	87%	92%
Western Region	9%	26%	26%	50%	50%	68%
Overall Score	21%	36%	32%	43%	65%	65%

Child and Family Planning

Three regions achieved increases on Child and Family Planning Process, one region remained the same, and one region experienced a slight decline. Northern, Southwest and Western had increases of 17, 13, and 7 percentage points respectively. Eastern region scored the

same as they did last year (71%). Salt Lake region declined a few percentage points (from 75% to 72%) but remained above the exit criteria. The overall score for all five regions increased to 76%, and all but one region exceeded the exit criteria.

Child & Family Planning	FY00	FY01	FY02	FY03	FY04	FY05
	Baseline					Current
						Scores
Eastern Region	0%	63%	67%	58%	71%	71%
Northern Region	11%	46%	46%	46%	63%	79%
Salt Lake Region	48%	31%	49%	60%	75%	72%
Southwest Region	32%	58%	54%	79%	83%	96%
Western Region	27%	35%	54%	67%	63%	68%
Overall Score	33%	42%	52%	62%	72%	76%

Plan Implementation

Four of the five regions improved their scores on this indicator and the fifth sustained nearly identical results to last year's results. This is a remarkable achievement considering that every region exceeded the exit criteria on this indicator last year.

Every region passed this indicator again this year, and four of the five passed with the same or a higher score than last year. The overall score increased from 84% to 89% and exceeded the exit criteria. Every region has exceeded the exit criteria on this indicator for three successive years.

Plan Implementation	FY00	FY01	FY02	FY03	FY04	FY05
	Baseline					Current
						Scores
Eastern Region	44%	71%	75%	79%	79%	92%
Northern Region	56%	67%	67%	71%	71%	83%
Salt Lake Region	70%	68%	57%	71%	87%	86%
Southwest Region	53%	75%	83%	92%	96%	100%
Western Region	46%	61%	71%	83%	79%	91%
Overall Score	53%	68%	67%	77%	84%	89%

Tracking and Adaptation

As with last year, all five regions met or exceeded the exit criteria for this indicator again this year. Eastern and Northern regions each improved by 17 percentage points (71% to 88%). Salt Lake and Western regions, which had scores in the eighties last year, each fell by 6

percentage points but remained above the exit criteria. Southwest region achieved an impressive 100% on this indicator. For the second consecutive year every region exceeded the exit criteria on this indicator, leading to an overall score of 84%.

Tracking and Adaptation	FY00	FY01	FY02	FY03	FY04	FY05
	Baseline					Current
						Scores
Eastern Region	56%	75%	79%	83%	71%	88%
Northern Region	56%	54%	58%	67%	71%	88%
Salt Lake Region	69%	54%	57%	57%	83%	76%
Southwest Region	47%	75%	79%	96%	96%	100%
Western Region	36%	43%	50%	63%	83%	77%
Overall Score	55%	59%	63%	69%	81%	84%

Summary of Progress by Region

The most notable achievement this year was Southwest region successfully exceeding the QCR exit criteria for the second consecutive year. They look forward to showing they can sustain their improvements in practice without oversight by the Child Welfare Group.

Northern region achieved passing scores on overall Child Status, overall System Performance, and five of the six core indicators, but fell one case short of passing on Child and Family Assessment. The option of granting a provisional pass was denied by the court monitor.

Eastern region achieved 92% on both overall Child Status and overall System Performance and reached the exit criteria on four of the six core indicators. They achieved 63% on both Child and Family Assessment and Long-term View, which is just a few points short of the 70% exit criteria.

After meeting all of the exit criteria last year, Salt Lake was looking forward to meeting them for the second consecutive year, but it wasn't to be. They achieved the exit criteria on overall Child Status but fell a little short on overall System Performance (83%). They achieved the exit criteria on four of the six core indicators, but experienced significant declines in Child and Family Assessment and Long-term View (52% and 55% respectively).

Western region achieved the exit criteria on overall Child Status but has not yet achieved it on overall System Performance. They met the criteria on three of the core indicators but fell a couple of points short

on Child and Family Assessment, Long-term View, and Planning (all at 68%).

During the year some regions used the QCR tool creatively to implement their own internal review processes. At least two of the regions have conducted mini QCR's within their regions, giving administrators, supervisors, and caseworkers an opportunity to study and practice using the QCR protocol. These regions felt their efforts were very successful and attribute some of the improvement in their scores to the mini-QCR's they conducted.

Stakeholder Interviews

As part of the review process CWG and OSR conducted interviews with stakeholders from each region. They included representatives from the legal system, Division of Services for People with Disabilities, Department of Workforce Services, mental health, residential providers, foster parents, biological parents, and contract service providers.

Stakeholders continue to see improvement in the delivery of DCFS services to children and families. They appreciate the implementation of the Practice Model principles and applaud the Division's efforts to involve community partners in case planning. Many community partners are requesting and/or receiving training in Practice Model principles themselves. Notes from these meetings with stakeholders were provided to the respective regional director.

III. Case Process Review

A. Description of the Case Process Review

As noted above, the Case Process Review is an important part of DCFS's strategy to improve system performance. In accordance with Utah statute, the Office of Services Review (OSR), in conjunction with the Federal court appointed monitor, the Child Welfare Group (CWG), conducted its Case Process Review of DCFS and the services it provides to children and families for this annual report. The program areas evaluated in the Case Process Review are:

- Child Protective Services (CPS), which included cohorts of priority one referrals, medical neglect allegations and shelter cases, unable to locateⁱⁱⁱ and unaccepted referrals^{iv}.
- Home-Based Services, including family preservation (PFP), voluntary protective services (PSC), and court-ordered protective supervision (PSS).
- Foster Care (FC) Services.

OSR determines the Case Process Review questions, Case Process Review guidelines, sampling methodology and quality controls to ensure data accuracy with approval from CWG. The questions contained in the case file review survey tools measure how well caseworkers follow DCFS rules, practice guidelines, and procedures and Practice Model requirements. Scores are determined by reviewing the case file and/or the DCFS computer data system to find documentation of casework actions and

ⁱⁱⁱ Unable to locate: CPS referrals that were closed because the investigator was unable to locate the child.

^{iv} Unaccepted referrals: CPS referrals that do not meet the necessary criteria to warrant an investigation.

practice guideline requirements. If the documentation does not clearly provide evidence that a particular action was completed within the timeframe required, credit is not given. A statistically significant number of cases are selected and reviewed from each of the program areas. The Case Process Review findings reflect statewide performance rates. The performance goals for the Case Process Review are either 85% or 90% compliance rate depending on the area evaluated.

Changes to the CPR Review Process

OSR is continuously trying to improve the review process in order to provide the Division with the most accurate data possible. This year, OSR, in agreement with CWG, decided to conduct the Case Process Review on a regional basis, following the Qualitative Case Review model. This approach allows OSR to give each region more timely results, which are relevant to their own cases. In the past, OSR reviewed the whole sample of cases statewide during five months and provided the Division with a report within a few months of the review. This year, OSR selected the cases of a particular Region first, reviewed them and a couple of weeks later presented the results to the regional management and staff in an exit conference. This allowed the regional management to receive current data pertinent to cases that were most often still open, and relevant to recent casework practice. OSR then moved on to the next region until all regions were reviewed.

This new approach was well received by the regional management, who took pride in presenting the achievements made by the region over the last year and engaging the staff in a discussion on how to improve the current

practice even more. While the data provided important information on the performance of individual offices and regions, OSR made sure to point out that the results were not statistically relevant for the region, only for the state. In order to provide statistically relevant results by region, OSR would have to select a much larger sample, which is not feasible.

Another improvement in the review process consisted of significantly increasing the number of interviews conducted with each worker after the review of their case. This is not a new practice – OSR has met with workers in the past – but this year DCFS put more emphasis in making sure that every worker whose case had been reviewed was invited for an interview. The purpose of doing this is twofold: First, the worker is given direct feedback about his or her own case. This can have a big impact, when a worker is shown that his or her actions received no credit if not documented properly. For example, when a worker conducts a home visit and documents it, but then is shown that his or her log entry does not specify where the visit took place (i.e. in the home) or who was present (i.e. the foster child) and therefore cannot be given credit, the impact is more likely to last.

The second purpose of conducting closing interviews with workers is to give them the opportunity to provide the reviewers with additional documentation. Sometimes a police report or a medical assessment has not been filed yet and the worker is given a last chance to provide the necessary written evidence to receive credit for an action that was completed, but not found in the file. This year, OSR also allowed workers to provide the reviewers with third party documentation to prove that an action was completed. For example, if the worker conducted the necessary shelter visit, but forgot to enter this in the logs, then he or she was given a few days to try to obtain the documents from the shelter, if the shelter carried such a piece of evidence. Only written documents produced at the time of occurrence

(not during the review), that clearly provided evidence that an action had been completed by this particular worker were accepted as proof. There were only few instances where such third party evidence was provided to the reviewers and accepted.

OSR notes that there will be a significant change to how Partial credit is scored next year through agreement amongst DCFS, the plaintiffs, and the court monitor. Certain Partial answers will be given some credit to better reflect the actual services accomplished.

B. Methodology

For the 2005 review, sample sizes were based on historical knowledge about populations in all program areas. The survey results have a confidence level of 90%. The following is a breakdown of sample sizes for all program areas reviewed. The entire case universe was reviewed for CPS cohort areas of priority one and medical neglect cases.

OSR 2005 Report Sample Sizes	
Program Area	Case Files Reviewed
CPS—General	150
CPS—Priority One	9
CPS—Medical Neglect	38
CPS—Shelter Care	95
CPS—Unable to Locate	77
CPS—Unaccepted	141
Home-Based—PSS/PSC/PFP	145
Foster Care	140
Total	795

The number of cases evaluated for this year's case review was similar to last year and is a percentage of the total number of cases open for services during the review period (for CPS

it's a percentage of cases closed during the review period).

This year the review period shifted as individual regions were reviewed. For foster care cases the review period was six months and for CPS and home-based cases it was three months. The review period of the first region, for example, covered the months of July to December 2004, the last region's review period went from November 2004 to April 2005.

The sample of cases was selected by OSR and reviewed by OSR review analysts. A CWG reviewer then re-reviewed about 5% of the cases from the sample to ensure accuracy. A high degree of agreement (97%) was found between the OSR and the CWG case reviewer. In situations where a disagreement occurred, a discussion took place between OSR and CWG and in most instances a resolution was made. All extenuating circumstance answers (valid reasons for an action not occurring) were reviewed by CWG who then determined if the answer would be scored as NA or NO.

C. Significance of Review Results

The Case Process Review report is a useful management tool for legislators, managers, supervisors and caseworkers. From these annual reports, performance ratings and trend data can be obtained to aid in determining performance goals.

In addition, the Case Process Review determines performance with key statutes and practice guidelines that policy makers and professionals agree are important in meeting the goals of child protection, permanency, and stability.

This year's results are particularly important, as the Federal Court Judge has made her decision to continue court oversight contingent upon (but not solely) the results of the Case Process Review. Until this past year the stagnant CPR

scores have contrasted sharply to the improving Qualitative Case Review results. New emphasis has been put on improving compliance with CPR expectations. The following results show that additional efforts of the Division have led to better results.

D. FY 2005 Review Results

This year's overall results show significant progress over last year's performance and, in fact, reach an all time high. The improvements, as shown in the graph below, are noticeable in all case types.

Of all applicable questions answered by OSR reviewers across all case types (that's 7105 applicable answers, excluding "N/A" answers), **80% were answered "Yes"** – meaning that evidence for the required action was found 80% of the time – compared to 74% last year and 71% the year before. This is a laudable improvement overall.

Of all the answers that were not a "Yes" – 20% altogether – only 12% were actual "No's". The remaining answers consisted of 7% "Partials" and less than one percent "EC" (Extenuating Circumstances).

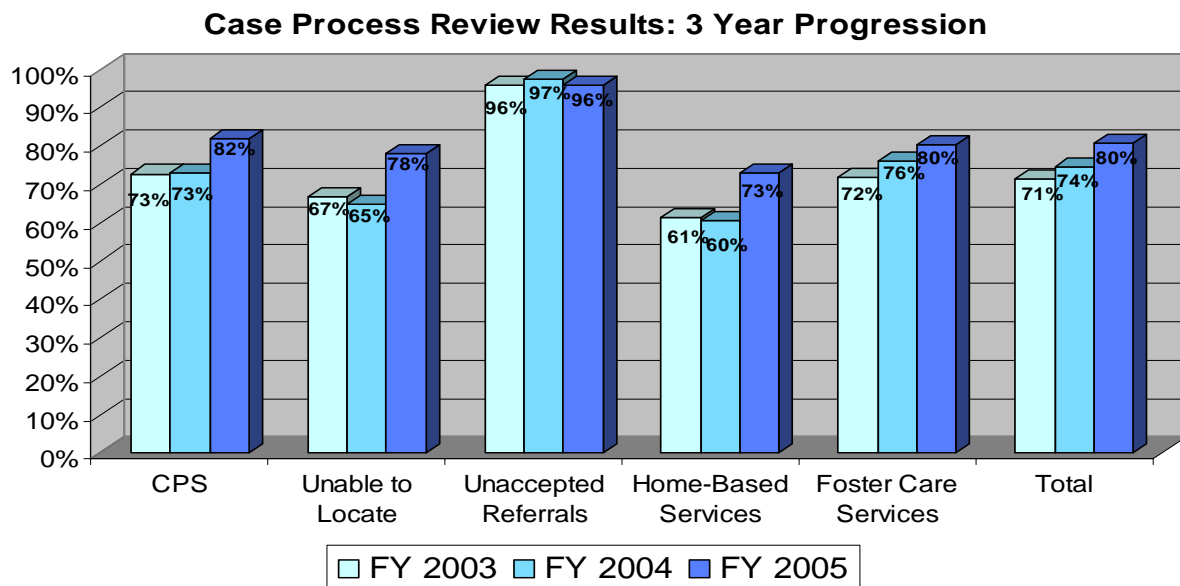
Home-based cases and unable to locate cases – which are CPS referrals that were closed because the investigator was unable to locate the child – made the biggest improvements of more than 12 percent. Home-based cases went from 60% last year (and almost the same the year before) to 73% this year. While this is a commendable advance, it remains the case type needing the most attention. Unable to locate cases went from 65% last year (and about the same the year before) to 78% this year. There is still room for improvement as the goal is 85%.

CPS cases also made a lot of progress and advanced from 73% the past two years to 82% this year. Foster care cases show continuous

improvement going from 72% in 2003, 76% last year and 80% this year. Unaccepted Referrals remain high, as in the past, and

meets the exit requirements with 96% "Yes" answers. The following charts summarize the CPR scores:

Current CPR Results Statewide							
		CPS	Unable to Locate	Unaccepted Referrals	Home-Based Services	Foster Care Services	Total
FY 2005	Sample	1358	207	423	876	4241	7105
	Yes answers	1110	161	405	639	3402	5717
	Performance Rate	82%	78%	96%	73%	80%	80%
FY 2004	Sample	1257	223	393	829	3692	6394
	Yes answers	916	144	383	500	2804	4747
	Performance Rate	73%	65%	97%	60%	76%	74%
FY 2003	Sample	1358	187	393	1212	4632	7782
	Yes answers	987	125	377	741	3322	5552
	Performance Rate	73%	67%	96%	61%	72%	71%



E. Review Results by Case Type and Question

Of a total of 52 questions asked by the reviewers 14 reached or exceeded the target goal, versus 12 last year. Four questions were close to meeting the target goal (within 5% points) and the remaining questions were

below the target goal by varying degrees. However, as a total, 39 scores increased this year as compared to last year, four scores remained the same or within 1% of last year's score, and only 9 scores decreased. The scores that decreased showed only minor regressions, for the most part.

Child Protection Services (CPS) Results

- 22 questions reviewed
- Goal met in eight questions
- 20 scores increased or remained at high level
- Two scores decreased

While the overall score in General CPS reached 82%, there were differences in the results of the individual questions reviewed:

Areas meeting or exceeding the goal:

Caseworkers were able to meet the target goal of 90%/85% on the following questions:

- Conducting an interview with the child outside the presence of the alleged perpetrator. (CPS.B1)
- Priority I question (obtaining a medical exam within 24 hours, when applicable), which achieved 100%. (CPS.C1)
- Basing the findings of the reports on facts obtained during the investigation. (CPS.D1)
- making efforts to locate possible kinship placements when children had to be removed from the home (CPS.E5);
- All three questions regarding unaccepted referrals met and exceeded the goal of 85%, as in the past. The documentation on these cases is clearly showing what the reviewers are looking for: the nature of the referral, staffing the referral with the supervisor, and documentation that supports the reason not to accept the referral.
- Among unable to locate cases there was one question that met the goal of 85%: Workers did a good job of checking with local schools, when applicable, for contact information to locate the family. (Unable.2)

Analysis of selected areas needing improvement:

- The shelter visit questions (CPS.E2 and E3) remain the lowest, in spite of significant

improvements over the last year (58% vs. 45% and 38% vs. 11% respectively).

The analysis of the No's and Partial's on the 48-hour shelter visit question shows that among the 38 No's and Partial's there were seven cases with a documented visit, but the logs didn't specify whether the worker inquired about the child's well-being and adjustment, which results in a Partial answer. An additional seven workers claim that the visit occurred, but they forgot to document it. DCFS is providing additional training to try to improve documentation. Another 10 cases had documented shelter visits, but these visits were late (between a couple of hours and two days late). The remaining 14 cases had no evidence of a shelter visit.

- Unscheduled home visits decreased slightly this year, going from 78% to 73%. (CPS.B4) One of the reasons for the low score is the confusion among workers regarding the policy's exception, i.e. when an unscheduled home visit is NOT required. DCFS just made some policy clarifications that should help alleviate the confusion.
- The medical neglect question (CPS.C2) improved, but remains low with 74% "Yes" answers. The sample is relatively small (38 cases) and includes all the applicable cases statewide. Ten cases failed to receive a "Yes" answer. Apparently workers seem to know about obtaining an assessment from a health care provider before supporting a finding of medical neglect. The problem seems to be when they unsupport a finding without a clear statement from the provider that this was NOT medical neglect. Another difficulty workers seem to have is to remember to document that they asked the provider specifically about medical neglect, not just about how the child is doing, or what needs to happen next. This is usually just a documentation issue. DCFS is intensifying documentation training to address this.
- Initiating services for the family after a CPS referral was supported and the child

remained home (**CPS.A2**) took a dip this year, going from 90% last year to 76% this year. Discussions with the workers indicate that it's usually a documentation issue which is currently being addressed through training.

- Interviewing the child's natural parent(s) (CPS.B2) improved a lot this year from 60% to 77%, but still needs to do better. The answers on this question include a lot of "Partials", meaning that one parent was interviewed, but there was no mention of the second parent. Often workers forget to document that the second parent's whereabouts are unknown or give the reasons they couldn't interview the second parent. Or they simply forget to document that they did interview the parent(s). Some workers, however, just didn't do it (forgot, didn't get around to it, etc.)
- Unable to Locate cases made significant improvements this year. Two questions, however, remain well below expectations: home visits beyond normal working hours (Unable.1) obtained only 68% "Yes" answers this year. OSR notes that the sample is relatively small with only 22 applicable cases, one of which was given a "No" answer and six received a "Partial". Checking with the referent for new information regarding the family (Unable.5) did slightly better this year, but remains low with a score of 66%, which is still significantly below the 85% target goal. When the referent is law enforcement workers tend to skip this requirement or forget to document it.

Home-Based Results

- Seven questions reviewed
- Goal met in one question
- All scores increased since last year
- No scores decreased

As mentioned earlier, home-based cases showed the biggest improvement since last year and went from 60% last year (and almost

the same the year before) to 73% this year. Most of the questions, however, remain well below the goal and need to improve (see below).

The front-runner is the monthly home visit question (HB.5). It achieved a score of 87% compliance, which meets the goal. This means that of the 392 applicable months reviewed, 87% had documented visits made to the family home. If we acknowledge the cases scored EC (extenuating circumstances), of which there were 17, the score even jumps to 91%.

Analysis of Low Scores:

Instead of presenting the details of each home-based services score, OSR provides below an in-depth analysis of the causes for the low scores on one question (HB.1), to help the reader understand the complex circumstances behind a given score:

HB.1	Is there a current case plan in the file?
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This question's score of 54% is still well below expectations, while being better than in the past (47% and 36% the previous two years).

As one can see in the chart below, there were few "No" answers, most of the plans that did not meet expectations were given a "Partial" score.

"Partials" were given for three reasons:

- There was a plan in the file and it was completed on time, but the Functional Assessment, which according to practice guidelines is considered a part of the plan, was either missing or not updated within 45 days of when the plan was finalized: *there were 19 such Partials given (13% of all applicable case plans reviewed).*
- There was a plan in the file and it was completed on time, but the start date written at the top of the plan does not match the actual case start date or the end date of the previous plan, creating a gap in

services: *there were 6 cases (4%) where a gap in services was the sole reason for being out of compliance.*

- There was a plan, but it was completed late: *Lateness varied between one day and three months. A majority of the plans were done within 15 days of their due date. Only seven plans were more than a month late. (see chart below)*

A “No” answer is given when there is no plan at all, which is rare, or the plan was completed after the review period ended: *there were 11 “No’s”.*

If we look at the data again and include the late plans that are no more than 30 days late, we see that the score jumps up to 70%. If we, again, add the cases back that had timely plans, but were out of compliance because of

the Functional Assessment or the incorrect date on the plan (gap in services), we suddenly arrive at a score of 88%, which gives a different picture of the case plan situation in home-based services.

The Division of Child and Family Services recently made some modifications to its practice guidelines, in accordance with the court monitor, to untie the Functional Assessment from the case plan. Workers will still be required to assess the family’s strengths and needs, but case plans will not need to have a Functional Assessment to be considered complete (The Functional Assessment is still evaluated in the QCR). This should improve next year’s scores on the case plan questions in both, home-based and foster care services.

HB.1	Sample	Yes	Partial	No	N/A	2005	2004	2003
Is there a current case plan in the file?	145	78	56	11	0	54%	47%	36%
Yes within additional 15 days	145	98	36	11	0	68%		
Yes within additional 30 days	145	102	32	11	0	70%		
Yes within additional 30 days and including cases with missing Child and Family Assessments and gap in services	145	127	7	11	0	88%		

Foster Care Results

- 23 questions reviewed
- Goal met in six questions
- 17 scores increased or remained at high level
- Two scores remained within 1% of last year.
- Four scores decreased

Of the 4241 applicable foster care answers provided by OSR reviewers, 80% indicated that the required action was completed and documented. This overall result is getting close to the exit goal of 85% and is a lot better than last year’s, but there is a lot of variation among the scores on individual questions.

- As with home-based cases, some of the best scores are with the monthly visits. Questions **FC.IB2** and **3** both achieved scores over 90%, as did the requirement of a monthly contact with the out-of-home caregiver (**FC.IB1**).
- Another commendable achievement is noted on the requirement of providing initial or annual health assessments on foster children (**FC.II1**), which went from 78% last year to 86% this year and thus meets the goal.
- Timely dental assessments were found 80% of the time, compared to 70% last year, which is also a big improvement. Mental health assessments, however, remain a

problem with only 66% of the cases receiving a timely assessment.

- Other highlights were questions **FC.IA3** and **4**, which measure whether the child's special needs and proximity to the family home were taken into consideration when placing a child. Both scores meet the goal.

Analysis of Low Scores:

Again, instead of presenting the details of each foster-care score, OSR provides below an in-depth analysis of the causes for the low scores on one question (**FC.IVA3**), to help the reader understand the complex circumstances behind a given score (Additional questions are analyzed in the Appendix):

FC.IVA3	Were family members involved in creating the plan?
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An important part of the practice model is the inclusion of those directly concerned by the content of the case plan: the child, his or her parents, and any stepparents. The belief is that the family, when actively involved in the development of the case plan and when given a voice in the decisions regarding the services to be provided, is more likely to accept the plan and successfully comply with the requirements. OSR is looking for evidence that these family members were included in the planning discussions regarding the plan before it's finalization.

Findings on this question (see table below) indicate that workers are doing a better job of documenting their compliance with this requirement than in the past, but there is room for improvement.

Evidence was found that parents were involved in the development of the plan in 50 out of 76 applicable cases (66%). There were another 12 cases where there was evidence that one parent was involved, but not the other one. Finally, there were 14 cases without evidence

that either parent was involved. Among these cases were several "uncooperative" parents (based on worker statements) that either refused to attend the family team meeting, or didn't want to be involved in the child's case. For example: "Parents were invited to the meeting but declined and no evidence the cw obtained their input at another time." The plan states the parents "gave up their parents rights" but there is not a court order in the file to verify this. Another reason for non-compliance is when the parents were involved in the development of the plan, but this happened more than 45 days prior to the finalization of the plan and therefore is not considered timely involvement. Some workers were not aware of this time limit. In some instances workers didn't think of involving a parent because he or she lived out of state or was not involved with the case anymore. Some workers reported that they involved the parents in the development of the plan, but forgot to document it properly. Or they forgot to explain the reasons they were unable to involve a parent.

As noted in the table below, stepparents are involved in the development of the plan only half of the time, according to our review results. But this is based on a very small sample of only 14 applicable cases. The seven No's are a mix of reasons, such as worker didn't think of involving the stepparent, stepparent lived far away, stepparent married into family only recently, and worker didn't know about time frame for involvement in the plan.

The age limit when looking at the involvement of children in the development of the plan, is 5 years old. OSR reviewers found evidence that children five years or older were involved in the planning 59% of the time. In 11 of the 43 cases that were non-compliant the workers actually involved the children, according to their own account, but forgot to document it; in six cases the child didn't attend the family team meeting and therefore the worker didn't include him or her in the development of the plan (but

the worker could have done this on another occasion); in five cases the child was involved, but more than 45 days prior to the plan's finalization. Four caseworkers made a deliberate choice not to involve the child for various reasons that were not documented and

not valid. Reasons for "No" scores on the remaining cases included plan discussed with children after the plan's finalization, and unknown reasons because the worker didn't provide an explanation or was not available to do so.

FC.IVA3:	Sample	Yes	Partial	No	N/A	2005	2004	2003
Were the following team members involved in creating the current child and family plan?								
the natural parent(s)/guardian?	76	50	12	14	64	66%	43%	63%
the stepparent (if appropriate)	14	7	0	7	126	50%	20%	45%
the child? (age 5 and older)	106	63	0	43	34	59%	45%	57%

F. Differences between CPR and QCR Results

The question of family involvement discussed above is a good example to illustrate the differences between the Case Process Review and the Qualitative Case Review. The QCR has an indicator that also evaluates family involvement: Child and Family Participation: "Are family members ... active participants in the team meetings where services decisions are made about the child and family? Are parents/caregivers partners in planning, providing, and monitoring supports and services for the child? Is the child actively participating in decisions made about his/her future?" The QCR score of 85% achieved this year is in sharp contrast with the Case Process Review scores discussed above (50%-66%).

Why is there such a discrepancy between these two results? The reason lies in the focus of each review. The CPR focuses on compliance with guidelines and procedures and documentation of this compliance. In other words, the nature of a case process review is to find written evidence that a particular action was completed within a specific time frame. If the action occurred, but the worker forgot to document it or it happened outside the time limit, the action will not receive any credit. It's an all or nothing score, a "Yes" or "No" result.

The QCR, on the other hand, focuses on the principle of family involvement itself and the outcome of that action. Did those concerned feel included in the planning process? Did other team members report that the family was involved? To what extent? Exact time frames and proper documentation are not significant. It's the actual outcome of the involvement, as perceived by those concerned that matters. The QCR reviewers are in a position to give proportional credit based on the amount of involvement observed on a scale of 1 to 6, which is another difference between the two reviews. Hopefully the decision to assign some credit to some of the Partials in the CPR next year, will provide a more accurate picture.

While the QCR is able to provide a more in-depth and accurate picture of the current performance of the system as a whole, the CPR also plays an important role in providing information to management and legislators as to how well staff comply with certain regulations and how well they document. While outcomes need to be the primary focus, compliance with policy and proper documentation are a key component of every professional organization.

G. Disagreement regarding ECs (Extenuating Circumstances)

When OSR reviewers find evidence that an action could not be completed for extenuating circumstances they score the question "EC". This usually includes cases where the worker made several attempts to complete an action (such as a home visit), but was unsuccessful (nobody home). Reasons for the worker's inability to comply with the requirement may include uncooperative family members (those that vehemently refuse to participate and those that simply fail to show up at meetings or return phone calls), and other reasons outside the worker's control (worker was given a wrong address and therefore could not meet the priority time frame). Another cause of "ECs" is when the action is impossible to complete because, for example, the child is out of state or the worker finds out that the family moved out without leaving an address.

OSR has set up guidelines to determine the minimum requirements for "ECs". For example, at least two attempts to complete the required action within the time frame have to be documented to receive an "EC". At the end of the review all "ECs" are sent to CWG for approval. Usually very few are accepted by the court monitor and hence most "EC" are treated as "No" answers, meaning that the action is treated as not completed. This year the court monitor rejected every "EC".

In an effort to provide the reader with the most accurate picture of DCFS practice, OSR is listing the performance scores including the "ECs" (see next section). They are of course not treated as a "Yes", since they shouldn't be confused with completed actions, but instead are subtracted from the sample, like "N/A" cases. A list of all "ECs" with explanations is provided in the Appendix.

There were only 48 "ECs" given, which is less than one percent of all answers provided, but on some individual questions the "ECs" can

make a difference. The biggest impact is found on the first CPS question, one of the most important questions: CPS.A1: *"Did the investigating worker see the child within the priority time frame?"* The 2005 score is 83%, up from last year's score of 78%. But when acknowledging the "ECs" the score jumps to 89%, which almost meets the goal. The overall results go from 82% to 83% in CPS; from 73% to 74% in home-based cases, and from 78% to 79% in unable to locate cases. The individual results WITH "ECs" are listed in the last column of the following table (next page). "EC" categories are located in the Appendix.

Prospects for Continued Improvements

The Office of Services Review will continue to assist DCFS in improving the scores for the Case Process Review. OSR reviews data with the supervisors and workers to emphasize areas that can be improved by simply improving documentation and provides training for workers and supervisors regarding practice guideline requirements and Case Process Review requirements. Training sessions are provided as requested by the regional staff and as OSR staff is available.

This year DCFS has undertaken a major effort to improve performance in the CPR. The Division is conducting extensive training on the CPR guidelines and staff from state administration and regional offices are reviewing cases using the OSR survey tool. State administration is also closely tracking caseworker performance and coaching and assisting caseworkers to make improvements. Hopefully these efforts will result in continued improved performance.

A comparative review of results for the past three years is listed on the following pages. Refer to the appendix section for a complete breakdown of the 2005 Case Process Review results. Partial answers are reported in the appendix section.

H. Case Process Review Results FY 2005: Table

Case Type & Tool #	Question	2003	2004	2005	GOAL	2005 (with ECs)*
General CPS						
CPS.A1	Did the investigating worker see the child within the priority time frame?	69%	78%	83%	90%	89%
CPS.A2	If the child remained at home, did the worker initiate services within 30 days of the referral?	79%	90%	76%	90%	
CPS.A3	Was the investigation completed within 30 days of CPS receiving the report from intake or within the extension time frame granted if the Regional Director granted an extension?	69%	81%	84%	90%	
CPS.B1	Did the worker conduct the interview with the child outside the presence of the alleged perpetrator?	93%	88%	97%	90%	
CPS.B2	Did the worker interview the child's natural parent(s) or other guardian when their whereabouts are known?	57%	60%	77%	90%	77%
CPS.B3	Did the worker interview third parties who have had direct contact with the child, where possible and appropriate?	76%	72%	82%	90%	84%
CPS.B4	Did the CPS worker make an unscheduled home visit?	71%	78%	73%	90%	79%
CPS.C1	If this is a Priority I case involving trauma caused from severe maltreatment, severe physical injury, recent sexual abuse, fetal addiction, or any exposure to a hazardous environment was a medical examination of the child obtained no later than 24 hours after the report was received?	89%	88%	100%	90%	
CPS.C2	If this case involves an allegation of medical neglect, did the worker obtain an assessment from a health care provider prior to case closure?	73%	67%	74%	90%	
CPS.D1	Were the case findings of the report based on the facts obtained during the investigation?	91%	83%	94%	85%	
CPS.E1	Was the child placed in a shelter placement?					
CPS.E2	Did the worker visit the child in the shelter placement within 48 hours of removal from the child's home to determine the child's adjustment to the placement, needs, and well-being?	53%	45%	59%	85%	
CPS.E3	After the first 48 hours, did the worker visit the child in the shelter placement at least weekly, until the CPS case closure or until transferred to a foster care caseworker, to determine the child's adjustment and need for services?	40%	11%	38%	85%	
CPS.E4	Within 24 hours of the child's placement in shelter care, did the worker make reasonable efforts to gather information essential to the child's safety and well-being and was this information given to the shelter care provider?	65%	58%	83%	85%	
CPS.E5	During the CPS investigation, were reasonable efforts made to locate possible kinship placements?	85%	93%	95%	85%	

* Shows CPR results with ECs (extenuating circumstances), which are treated as N/A's (subtracted from sample). See page 27 and Appendix for details.

Case Type & Tool #	Question	2003	2004	2005	GOAL	2005 (with ECs)*
Unable to Locate Cases						
Unable.1	Did the worker visit the home at times other than normal working hours?	12%	59%	68%	85%	
Unable.2	If any child in the family was school age, did the worker check with local schools or the local school district for contact information about the family?	81%	74%			
Unable.3	Did the worker check with law enforcement agencies to obtain contact information about the family?	80%	63%			
Unable.4	Did the worker check public assistance records for contact information regarding the family?	72%	67%			
Unable.5	Did the worker check with the referent for new information regarding the family?	60%	59%			
Unaccepted Referrals						
Unaccepted.1	Was the nature of the referral documented?	98%	100%	99%	85%	
Unaccepted.2	Did the intake worker staff the referral with the supervisor or other intake/CPS worker to determine non-acceptance of the report?	100%	100%			
Unaccepted.3	Does the documentation adequately support the decision not to accept the referral?	89%	95%			
Home-Based Services						
HB.1	Is there a current case plan in the file?	36%	47%	54%	85%	
HB.2	Was an initial child and family plan completed for the family within 45 days of case start date?	26%	42%			
HB.3	Were the following members involved in the development of the current child and family plan?					
	the natural parent(s)/guardian	47%	37%			
	the stepparent (if appropriate)	36%	38%			
	the target child(ren) (age 5 and older)	26%	25%			
HB.4	Did the worker initiate services for the family/child as identified in the child and family plan(s)?	75%	53%			
HB.5	Did the worker make at least one home visit each month of this review period?					
	Month one	78%	81%			
	Month two	80%	86%			
	month three	75%	86%			
	% "Yes" answers over six months			87%		91%

* Shows CPR results with ECs (extenuating circumstances), which are treated as N/A's (subtracted from sample). See page 27 and Appendix for details.

Case Type & Tool #	Question	2003	2004	2005	GOAL	2005 (with ECs)*
Foster Care Cases						
FC.IA1	Did the child experience an initial placement or placement change during this review period?					
FC.IA2	Following the shelter hearing, were reasonable efforts made to locate kinship placements?	85%	96%	81%	85%	
FC.IA3	Were the child's special needs or circumstances taken into consideration in the placement decision?	91%	88%	93%	85%	
FC.IA4	Was proximity to the child's home/parents taken into consideration in the placement decision?	89%	100%	96%	85%	
FC.IA5	Before the new placement was made, was basic available information essential to the child's safety and welfare and the safety and welfare of other children in the home given to the out-of-home care provider?	46%	51%	69%	85%	
FC.IB1	Did the worker contact the out-of-home caregiver at least once during each month of this review period?					
	Month one	91%	90%	95%	85%	
	Month two	94%	93%	91%	85%	
	Month three	91%	86%	90%	85%	
	Month four	92%	88%	91%	85%	
	Month five	84%	86%	92%	85%	
	Month six	86%	86%	94%	85%	
	% "Yes" answers over six months			92%		
FC.IB2	Did the worker visit the child in his/her out-of-home placement at least once during each month of this review period?					
	Month one	87%	86%	91%	85%	
	Month two	87%	83%	89%	85%	
	Month three	89%	88%	90%	85%	
	Month four	84%	89%	91%	85%	
	Month five	79%	84%	91%	85%	
	Month six	80%	85%	91%	85%	
	% "Yes" answers over six months			91%		91%
FC.IB3	Did the worker visit the child at least once during each month of this review period?					
	Month one	93%	94%	95%	85%	
	Month two	95%	94%	92%	85%	
	Month three	92%	94%	94%	85%	
	Month four	87%	95%	95%	85%	
	Month five	87%	94%	97%	85%	
	Month six	89%	93%	95%	85%	
	% "Yes" answers over six months			94%		
FC.IB4	Did the caseworker visit privately with the child?					
	Month one	80%	69%	68%	85%	
	Month two	85%	65%	63%	85%	
	Month three	83%	70%	69%	85%	
	Month four	75%	82%	70%	85%	
	Month five	78%	66%	77%	85%	
	Month six	81%	77%	71%	85%	
	% "Yes" answers over six months			70%		

Case Type & Tool #	Question	2003	2004	2005	GOAL	2005 (with ECs)*
Foster Care Cases						
FC.II1	Was an initial or annual comprehensive health assessment conducted on time?	81%	78%	86%	85%	80%
FC.II2	If a need for further evaluation or treatment was indicated in the most current initial or annual health assessment, was that evaluation or treatment initiated as recommended by the primary care providers?	53%	62%	58%	85%	
FC.II3	Was an initial or annual mental health assessment conducted on time?	63%	71%	66%	85%	
FC.II4	If a need for mental health services was indicated in the most current initial or annual mental health assessment were those services initiated within 30 days of the evaluator's consultation form, unless within 30 days of receipt of the evaluation recommendation the family team concluded that specified services were inappropriate for the child at that time?	69%	66%	73%	85%	
FC.II5	Was an initial or annual dental assessment conducted on time?	75%	70%	80%	85%	
FC.II6	If need for further dental care treatment was indicated in the initial or annual dental exam was that treatment initiated as recommended by the primary care providers?	75%	76%	78%	85%	
FC.III1	Is the child school aged?					
FC.III2	If there was reason to suspect the child may have an educational disability, was the child referred for assessments for specialized services?	74%	80%	79%	85%	
FC.IVA1	Is there a complete current case plan in the file?	43%	45%	46%	85%	
FC.IVA2	If the child and family plan which was current at the end of the review period was the child's initial child and family plan, was it completed no later than 45 days after a child's removal from home?	42%	47%	63%	85%	
FC.IVA3	Were the following team members involved in creating the current child and family plan?					
	the natural parent(s)/guardian?	63%	43%	66%	85%	
	the stepparent (if appropriate)	45%	20%	50%	85%	
	the child? (age 5 and older)	57%	45%	59%	85%	
FC.IVA4	Did the worker initiate services for the family/child as identified in the child and family plans that are current during the review period?	53%	39%	55%	85%	
FC.IVA5	Was the child provided the opportunity to visit with his/her parent(s) weekly?	58%	47%	66%	85%	
FC.IVA6	Was the child provided the opportunity for visitation with his/her sibling(s) weekly?	45%	32%	46%	85%	

* Shows CPR results with ECs (extenuating circumstances), which are treated as N/A's (subtracted from sample). See page 27 and Appendix for details.

Foster-Care: There were only two ECs and they did not have an impact on the scores.

Appendix

Appendix 1: Case Process Review Data Tables

Type & Tool #	Question	Sample	Yes	Partial	No	EC-no	NA	GOAL	Performance Rate (%) FY 2005	Precision range
General CPS										
CPS.A1	Did the investigating worker see the child within the priority time frame?	150	124	0	15	11	0	90%	83%	5.1%
CPS.A2	If the child remained at home, did the worker initiate services within 30 days of the referral?	54	41	0	13	0	97	90%	76%	9.6%
CPS.A3	Was the investigation completed within 30 days of CPS receiving the report from intake or within the extension time frame granted if the Regional Director granted an extension?	150	126	1	23	0	0	90%	84%	4.9%
CPS.B1	Did the worker conduct the interview with the child outside the presence of the alleged perpetrator?	110	107	3	0	0	40	90%	97%	2.6%
CPS.B2	Did the worker interview the child's natural parent(s) or other guardian when their whereabouts are known?	146	112	23	10	1	4	90%	77%	5.8%
CPS.B3	Did the worker interview third parties who have had direct contact with the child, where possible and appropriate?	140	115	0	22	3	10	90%	82%	5.3%
CPS.B4	Did the CPS worker make an unscheduled home visit?	137	100	0	27	10	13	90%	73%	6.2%
CPS.C1	If this is a Priority I case involving trauma caused from severe maltreatment, severe physical injury, recent sexual abuse, fetal addiction, or any exposure to a hazardous environment was a medical examination of the child obtained no later than 24 hours after the report was received?	9	9	0	0	0	50	90%	100%	0.0%
CPS.C2	If this case involves an allegation of medical neglect, did the worker obtain an assessment from a health care provider prior to case closure?	38	28	0	10	0	100	90%	74%	11.8%
CPS.D1	Were the case findings of the report based on the facts obtained during the investigation?	150	141	1	8	0	0	85%	94%	3.2%
CPS.E1	Was the child placed in a shelter placement?	329	95	0	234	0	0	85%	59%	8.5%
CPS.E2	Did the worker visit the child in the shelter placement within 48 hours of removal from the child's home to determine the child's adjustment to the placement, needs, and well-being?	90	53	7	30	0	5			
CPS.E3	After the first 48 hours, did the worker visit the child in the shelter placement at least weekly, until the CPS case closure or until transferred to a foster care caseworker, to determine the child's adjustment and need for services?	16	6	5	5	0	79			
CPS.E4	Within 24 hours of the child's placement in shelter care, did the worker make reasonable efforts to gather information essential to the child's safety and well-being and was this information given to the shelter care provider?	92	76	9	7	0	3			
CPS.E5	During the CPS investigation, were reasonable efforts made to locate possible kinship placements?	76	72	0	4	0	7			

Type & Tool #	Question	Sample	Yes	Partial	No	EC-no	NA	GOAL	Performance Rate (%) FY 2005	Precision range
Unable to Locate Cases										
Unable.1	Did the worker visit the home at times other than normal working hours?	22	15	6	1	0	55	85%	68%	16.3%
Unable.2	If any child in the family was school age, did the worker check with local schools or the local school district for contact information about the family?	33	29	0	4	0	44	85%	88%	9.3%
Unable.3	Did the worker check with law enforcement agencies to obtain contact information about the family?	52	42	0	10	0	25	85%	81%	9.0%
Unable.4	Did the worker check public assistance records for contact information regarding the family?	53	44	0	9	0	24	85%	83%	8.5%
Unable.5	Did the worker check with the referent for new information regarding the family?	47	31	0	12	4	30	85%	66%	11.4%
Unaccepted Referrals										
Unaccepted.1	Was the nature of the referral documented?	141	139	0	2	0	0	85%	99%	1.6%
Unaccepted.2	Did the intake worker staff the referral with the supervisor or other intake/CPS worker to determine non-acceptance of the report?	141	140	0	1	0	0	85%	99%	1.2%
Unaccepted.3	Does the documentation adequately support the decision not to accept the referral?	141	126	0	15	0	0	85%	89%	4.3%
Home-Based Services										
HB.1	Is there a current case plan in the file?	145	78	56	11	0	0	85%	54%	6.8%
HB.2	Was an initial child and family plan completed for the family within 45 days of case start date?	49	25	20	4	0	96	85%	51%	11.7%
HB.3	Were the following members involved in the development of the current child and family plan?									#N/A
	the natural parent(s)/guardian	86	55	9	22	0	59	85%	64%	8.5%
	the stepparent (if appropriate)	8	4	0	4	0	137	85%	50%	29.1%
	the target child(ren) (age 5 and older)	58	31	0	27	0	87	85%	53%	10.8%
HB.4	Did the worker initiate services for the family/child as identified in the child and family plan(s)?	138	104	33	1	0	7	85%	75%	6.0%
HB.5	Did the worker make at least one home visit each month of this review period?									
	Month one	130	114	0	13	3	15	85%	88%	4.7%
	Month two	139	119	0	12	8	6	85%	86%	4.9%
	month three	123	109	0	8	6	22	85%	89%	4.7%

Type & Tool #	Question	Sample	Yes	Partial	No	EC-no	NA	GOAL	Performance Rate (%) FY 2005	Precision range
FC.IA1	Did the child experience an initial placement or placement change during this review period?	140	57	0	83	0	0			
FC.IA2	Following the shelter hearing, were reasonable efforts made to locate kinship placements?	26	21	0	5	0	114	85%	81%	12.7%
FC.IA3	Were the child's special needs or circumstances taken into consideration in the placement decision?	55	51	0	4	0	85	85%	93%	5.8%
FC.IA4	Was proximity to the child's home/parents taken into consideration in the placement decision?	45	43	0	2	0	95	85%	96%	5.1%
FC.IA5	Before the new placement was made, was basic available information essential to the child's safety and welfare and the safety and welfare of other children in the home given to the out-of-home care provider?	55	38	4	13	0	85	85%	69%	10.3%
FC.IB1	Did the worker contact the out-of-home caregiver at least once during each month of this review period?									
	Month one	114	108	0	6	0	26	85%	95%	3.4%
	Month two	114	104	0	10	0	26	85%	91%	4.4%
	Month three	115	104	0	11	0	25	85%	90%	4.5%
	Month four	116	106	0	10	0	24	85%	91%	4.3%
	Month five	115	106	0	9	0	25	85%	92%	4.1%
	Month six	108	102	0	6	0	32	85%	94%	3.6%
FC.IB2	Did the worker visit the child in his/her out-of-home placement at least once during each month of this review period?									
	Month one	114	104	0	10	0	26	85%	91%	4.4%
	Month two	114	101	0	13	0	26	85%	89%	4.9%
	Month three	115	104	0	11	0	25	85%	90%	4.5%
	Month four	117	107	0	10	0	23	85%	91%	4.3%
	Month five	116	106	0	9	1	24	85%	91%	4.3%
	Month six	109	99	0	10	0	31	85%	91%	4.5%
FC.IB3	Did the worker visit the child at least once during each month of this review period?									
	Month one	120	114	0	6	0	20	85%	95%	3.3%
	Month two	122	112	0	10	0	18	85%	92%	4.1%
	Month three	124	116	0	8	0	16	85%	94%	3.6%
	Month four	122	116	0	6	0	18	85%	95%	3.2%
	Month five	121	117	0	4	0	19	85%	97%	2.7%
	Month six	112	106	0	6	0	28	85%	95%	3.5%
FC.IB4	Did the caseworker visit privately with the child?									
	Month one	106	72	0	34	0	34	85%	68%	7.5%
	Month two	109	69	0	40	0	31	85%	63%	7.6%
	Month three	112	77	0	35	0	28	85%	69%	7.2%
	Month four	109	76	0	33	0	31	85%	70%	7.2%
	Month five	109	84	0	25	0	31	85%	77%	6.6%
	Month six	103	73	0	30	0	37	85%	71%	7.4%

Type & Tool #	Question	Sample	Yes	Partial	No	EC-no	NA	GOAL	Performance Rate (%) FY 2005	Precision range
Foster Care Cases										
FC.II1	Was an initial or annual comprehensive health assessment conducted on time?	139	119	17	3	0	1	85%	86%	4.9%
FC.II2	If a need for further evaluation or treatment was indicated in the most current initial or annual health assessment, was that evaluation or treatment initiated as recommended by the primary care providers?	77	45	21	11	0	63	85%	58%	9.2%
FC.II3	Was an initial or annual mental health assessment conducted on time?	135	89	40	6	0	5	85%	66%	6.7%
FC.II4	If a need for mental health services was indicated in the most current initial or annual mental health assessment were those services initiated within 30 days of the evaluator's consultation form, unless within 30 days of receipt of the evaluation recommendation the family team concluded that specified services were inappropriate for the child at that time?	99	72	21	6	0	41	85%	73%	7.4%
FC.II5	Was an initial or annual dental assessment conducted on time?	134	107	22	4	1	6	85%	80%	5.7%
FC.II6	If need for further dental care treatment was indicated in the initial or annual dental exam was that treatment initiated as recommended by the primary care providers?	81	63	11	7	0	59	85%	78%	7.6%
FC.III1	Is the child school aged?	140	114	0	26	0	0			
FC.III2	If there was reason to suspect the child may have an educational disability, was the child referred for assessments for specialized services?	14	11	0	3	0	126	85%	79%	18.0%
FC.IVA1	Is there a complete current case plan in the file?	140	65	66	9	0	0	85%	46%	6.9%
FC.IVA2	If the child and family plan which was current at the end of the review period was the child's initial child and family plan, was it completed no later than 45 days after a child's removal from home?	27	17	9	1	0	113	85%	63%	15.3%
FC.IVA3	Were the following team members involved in creating the current child and family plan?									
	the natural parent(s)/guardian?	76	50	12	14	0	64	85%	66%	9.0%
	the stepparent (if appropriate)	14	7	0	7	0	126	85%	50%	22.0%
	the child? (age 5 and older)	106	63	0	43	0	34	85%	59%	7.8%
FC.IVA4	Did the worker initiate services for the family/child as identified in the child and family plans that are current during the review period?	138	76	61	1	0	2	85%	55%	7.0%
FC.IVA5	Was the child provided the opportunity to visit with his/her parent(s) weekly?	77	51	22	4	0	63	85%	66%	8.9%
FC.IVA6	Was the child provided the opportunity for visitation with his/her sibling(s) weekly?	67	31	27	9	0	73	85%	46%	10.0%

Appendix 2: Case Process Review: Categories of EC Answers and Examples

TOTAL ECs:	48
CATEGORY	Number of ECs per category ¹⁾
<i>Two attempts made to satisfy the requirement but were unsuccessful</i>	12
<i>Three or more attempts to satisfy this requirement but were unsuccessful</i>	19
<i>Uncooperative family</i>	8
<i>Incorrect address</i>	5
<i>Child unavailable--living out of state</i>	5
<i>Child/family unavailable</i>	3
<i>Case closed unexpectedly before home visit was done</i>	1

1) Some ECs fit in two categories, resulting in a total larger than 48.

Examples of ECs to illustrate each category:

Category	Question	Answer	Reviewer Notes
<i>Two attempts made to satisfy the requirement but were unsuccessful</i>	HB-5b: "Did the worker make at least one home visit each month of this review period?" (month 2)	EC	<ul style="list-style-type: none"> - One attempted home visit on March 7, at 9:15, by stopping by unannounced, no one home. - Called the home on March 7, talked to youth, left message for parent to call back. - Second unannounced home visit on March 10, at 8:30, no one home. Left note to call back. - Phone call to home and cell phone on March 9; left message to set up monthly home visit. - On March 21 judge ordered youth into the custody of Youth corrections and placed in DT. Court terminated DCFS involvement/ PSS.
<i>Three or more attempts to satisfy this requirement but were unsuccessful</i>	CPS-B2: "Did the worker interview the child's natural parent(s) or other guardian when their whereabouts are known?"	EC	<ul style="list-style-type: none"> - Dec. 14 15:15 = visit to the home, no one there - Dec. 16 14:25 = visit to the home, no one there - Dec. 16 17:00 = letter sent to home - Dec. 16 14:35 = phone call and number is disconnected. - Jan. 10 08:45 = visit to the home and family home but refused to answer the door - Jan. 17 17:15 = visit to the home, sounds like people are home but would not answer door. - Jan. 17 18:00 = called numbers from law enforcement report and they were disconnected.

Category	Question	Answer	Reviewer Notes
<i>Uncooperative family</i>	HB-5a: "Did the worker make at least one home visit each month of this review period?" (month 1)	EC	The whereabouts of the family are unknown. Dec. 2 worker calls their phone number, but it is disconnected. Left messages on both parents' cell phones. Dec. 3 left message on mom's phone. No reply. Parents did not show up at the court hearing on Dec. 21. Judge orders them to show cause and provide DCFS with an address. But they don't contact the worker, so the worker doesn't know where they are.
<i>Incorrect address</i>	CPS-A1: "Did the investigating worker see the child within the priority time frame?"	EC	opened Dec. 20; child not seen. Worker went to the home five times during the three day priority time frame and no one was ever home. 1st attempt Dec. 21 11:30 = no one home. 2nd attempt Dec. 22 13:30 & 13:45 = no one home; phone call to home Dec. 22 15:00 = phone disconnected. 3rd attempt Dec. 23 17:30, family doesn't live at this address according to person who answered the door. 4th attempt Dec. 27 13:45, no one home, worker left card on door. Apparently the family moved during this time and the home the worker was visiting was no longer the family's home. Kids were out of school for Christmas break so they couldn't be seen there.
<i>Child unavailable--living out of state</i>	HB-5b: "Did the worker make at least one home visit each month of this review period?" (month 2)	EC	Kids live with aunt & uncle in Georgia. There is an ICPC in place. <i>(Home-based practice guidelines 2005 do not require workers to call children on the phone when they are placed out of state.)</i>
<i>Child/family unavailable</i>	FCII.5: "Was an initial or annual dental assessment conducted on time?"	EC	5 months late - because the youth was pregnant and her blood pressure was up and the doctor recommended that she wait until after the birth of the baby. Worker comment: Youth was pregnant and had pregnancy induced hypertension. Doctor said she is not supposed to be out of bed and needed to wait with the dental check up until after the baby was delivered.
<i>Case closed unexpectedly before home visit was done</i>	HB-5c: "Did the worker make at least one home visit each month of this review period?" (month 3)	EC	Case closed 18 November – monthly home visit for November was cancelled because case closed unexpectedly. Originally a review hearing was set for Dec. to recommend closure of case. Then mom asked for an early review. Her attorney did not let anyone know that the review hearing was earlier than planned, so it was a rush job to get to court. The visit was scheduled for later in the month, but the case was closed before the visit could take place. Activity Log (18 Nov) states: " We cancelled my home visit that was scheduled for this afternoon since the case is now closed."

Appendix 3: Case Process Review: Additional Analysis of Days Late

Initial or Annual Health Assessment:

This year's result on the question of completing initial and annual health assessments on time met the goal of 85% for the first time. If we look at the 20 cases that did not comply with the requirement, we see that eleven of these cases were done within one month of the due date, **bringing the score to 91%**. Completing an annual assessment one month late, in most cases, will not result in any serious health problems.

FC.II1	Sample	Yes	Partial & No	N/A	2005	2004	2003
Was an initial or annual comprehensive health assessment conducted on time?	139	119	20	1	86%	78%	81%
Yes within additional 15 days	139	126	13	1	91%		
Yes within additional 30 days	139	130	9	1	94%		

Initial or Annual Mental Health Assessment:

89 initial and annual mental health assessments were done within the required time frame this year, that's 66% of all applicable cases. Of the 46 assessments that were late or not done within the review period, 20 were completed within 15 days and another eight within 30 days. If we add those assessments **the performance score reaches 87%**.

FC.II3	Sample	Yes	Partial & No	N/A	2005	2004	2003
Was an initial or annual mental health assessment conducted on time?	135	89	46	5	66%	71%	63%
Yes within additional 15 days	135	109	26	5	81%		
Yes within additional 30 days	135	117	18	5	87%		

Initial or Annual Dental Health Assessment:

Of the 26 dental assessments that were completed late or not at all, thirteen were completed within one month of the due date, thus **bringing the performance score from 80% to 90%**.

FC.II3	Sample	Yes	Partial & No	EC	N/A	2005	2004	2003
Was an initial or annual dental health assessment conducted on time?	134	107	26	1	6	80%	70%	75%
Yes within additional 15 days	134	115	18	1	6	86%		
Yes within additional 30 days	134	120	13	1	6	90%		

FC.IVA1: Current Plan:

Of the 75 plans that received a “No” or “Partial” answer, 29 actually had a timely plan, but there was no current Functional assessment (it was missing or was updated more than 45 days from the plan’s finalization date). One additional case had both, a timely plan and a timely functional assessment, but there was a gap in services (there was a time period between when one plan ended and the other plan started).

Among the 36 plans that were late, 23 were completed within 15 days of the due date. Another 5 were completed within 30 days. Only eight plans were more than a month late.

If we look at the performance rate, we see that **the score jumps from 46% to 63%** if we give credit to plans that are 15 days late or less; **it increases to 66%** if we add the plans that are no more than 30 days late. If we add all the cases that received a “Partial” because of the functional assessment or a gap in services, the performance rate goes up to **88%**.

FC.IVA1	Sample	Yes	Partial & No	N/A	2005	2004	2003
Is there a complete current case plan in the file?	140	65	75	0	46%	45%	43%
Yes within additional 15 days	140	88	52	0	63%		
Yes within additional 30 days	140	93	47	0	66%		
Yes within additional 30 days and including cases with missing Child and Family Assessments and gap in services	140	123	17		88%		